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Bib Data Sheet

CONFIRMATION NO. 2982

SERIAL NUMBER 10/519,353	FILING OR 371(c) DATE 12/28/2004 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. Q85292
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/JP03/08128 06/26/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2002-188919 06/28/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
JAPAN	1	6	6

## ADDRESS

23373

## TITLE

Therapeutic agent for brain hemorrhage

FILING FEE RECEIVED 1500	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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